

UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

IN RE:Kelvin T. Roberson

Case No.12-64978-mar

Hon. Mark A. Randon

CHAPTER 13

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**NOTICE OF PROPOSED POST-CONFIRMATION PLAN MODIFICATION AND NOTICE
OF DEADLINE TO OBJECT TO CHAPTER 13 PLAN MODIFICATION**

Debtor(s),Kelvin T. Roberson, have filed papers with the Court to Modify their confirmed Chapter 13 Plan.

An Order Confirming Plan had been entered. The Debtors propose to modify the confirmed plan pursuant to LBR 3015-2(b) as follows:

- (1) Plan payments are hereby reduced to \$673.00 biweekly;
- (2) The automatic stay is hereby lifted as to Ally Financial and the collateral, the 2010 Hummer, is hereby surrendered;
- (3) Debtor's delinquency of \$3972.07 is hereby excused;

In all other respects, the Order Confirming Plan referred to above shall remain in full force and effect.

That the reasons for filing said proposed Post Confirmation Plan Modification are as follows:

- a) Debtor's vehicle is a total loss and payments must be reduced to make room for a new vehicle payment. Ally Financial will soon be made nearly whole by an insurance payment. Debtor missed several payments during employment interruptions because of medical issues but will be able to make payments going forward. The reduction in payment will still pay 100% dividends to unsecured creditors.

That this plan modification will not affect any class of creditors EXCEPT:

- a) Ally Financial.

Attached as Exhibit (1) is a Proposed Order Modifying said Plan in accordance with this

Proposed Post-Confirmation Plan Modification. Attached as Exhibit (2) is a copy of Plan Calc I. Attached as Exhibit (3) is a copy of the liquidation analysis and attached as Exhibit (4) is a copy of the recently Amended Schedules I and J.

Your rights may be affected. You should read these papers carefully and discuss them with your attorney if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult with one.)

If you do not want the Court to allow the Proposed Post-Confirmation Plan Modification, or if you want the Court to consider your views on the Proposed Post-Confirmation Plan Modification, within twenty one (21) days, you or your attorney must

1. File with the Court a written response or an answer, explaining your position at:

United States Bankruptcy Court
211 W. Fort Street, Suite 2100
Detroit, MI 48226

2. You must also mail a copy to:

Jesse R. Sweeney (P60941) Sweeney Law Offices, P.L.L.C. Attorney for Debtor 30555 Southfield, Suite 400 Southfield, MI 48076 (586) 909-8017	Chapter 13 Standing Trustee Krispen Carroll 719 Griswold Street, 1100 Dime Bldg Detroit, MI 48226
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3. If a response or is timely filed and served, the clerk will schedule a hearing on the Amended Post-Confirmation Plan and you will be served with a notice of the date, time, and location of the hearing.

If you or your attorney do not take these steps, the Court may decide that you do not oppose the relief sought in this Notice and may allow the modification.

Respectfully submitted,

DATE: June 13, 2014

/s/ Jesse R. Sweeney
Jesse R. Sweeney (P60941)
Sweeney Law Offices, P.L.L.C.
Attorney for Debtor
30555 Southfield, Suite 400
Southfield, MI 48076
(586) 909-8017
Sweeneylaw2005@yahoo.com

UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

IN RE:Kelvin T. Roberson

Case No.12-64978-mar

Hon. Mark A. Randon

CHAPTER 13

ORDER GRANTING DEBTOR'S FIRST PROPOSED POST-CONFIRMATION PLAN
MODIFICATION

Upon the reading and filing of the Debtor(s) First Proposed Post-Confirmation Plan Modification and no objections having been filed to the said Notice, and a Certificate of No Response having been filed with this Court;

IT IS HEREBY ORDERED:

- (1) Plan payments are hereby reduced to \$673.00 biweekly;
- (2) The automatic stay is hereby lifted as to Ally Financial and the collateral, the 2010 Hummer, is hereby surrendered;
- (3) Debtor's delinquency of \$3972.07 is hereby excused;

DATED:

Honorable Mark A. Randon

N. LIQUIDATION ANALYSIS AND STATEMENT OF VALUE OF ENCUMBERED PROPERTY [LBR 3015-1(b)(1)]:

TYPE OF PROPERTY	FAIR MARKET VALUE	LIENS	DEBTOR'S SHARE OF EQUITY	EXEMPT AMOUNT	NON-EXEMPT AMOUNT
PERSONAL RESIDENCE	0.00	87,000.00	0.00	0.00	0.00
VEHICLES	21,500.00	28,000.00	0.00	0.00	0.00
HHG/PERSONAL EFFECTS	500.00	1,100.00	300.00	300.00	0.00
JEWELRY	0.00	0.00	0.00	0.00	0.00
CASH/BANK ACCOUNTS	2,000.00	0.00	2,000.00	2,000.00	0.00
OTHER	4,000.00	0.00	4,000.00	4,000.00	0.00

Amount available upon liquidation \$ 0.00
 Less administrative expenses and costs \$ 0.00
 Less priority claims \$ 0.00
 Amount Available in Chapter 7 \$ 0.00

/s/ Jesse R. Sweeney

Jesse R. Sweeney P60941

Attorney for Debtor

Sweeney Law Offices, P.L.L.C.

30555 Southfield Road

Suite 400

Southfield, MI 48076

Sweeneylaw2005@yahoo.com

586.909.8017 Fax:517.947.5991

Phone Number

/s/ Kelvin T. Roberson

Kelvin T. Roberson

Debtor

Joint Debtor

November 13, 2012

Date

Fill in this information to identify your case:

Debtor 1	<u>Kelvin T. Roberson</u>
Debtor 2 (Spouse, if filing)	<u></u>
United States Bankruptcy Court for the:	<u>EASTERN DISTRICT OF MICHIGAN</u>
Case number (if known)	<u>12-64978</u>

Check if this is:

An amended filing
 A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Employed
 Not employed

Debtor 2 or non-filing spouse

Employed
 Not employed

Occupation

Forensic Supervisor

Employer's name

State of Michigan

Employer's address

8303 Platt Road
Trenton, MI 48183

How long employed there?

16 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>5,692.00</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>N/A</u>
4. Calculate gross Income. Add line 2 + line 3.	4. \$ <u>5,692.00</u>	\$ <u>N/A</u>

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ <u>5,692.00</u>	\$ <u>N/A</u>
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>1,008.27</u>	\$ <u>N/A</u>
5b. Mandatory contributions for retirement plans	5b. \$ <u>0.00</u>	\$ <u>N/A</u>
5c. Voluntary contributions for retirement plans	5c. \$ <u>0.00</u>	\$ <u>N/A</u>
5d. Required repayments of retirement fund loans	5d. \$ <u>0.00</u>	\$ <u>N/A</u>
5e. Insurance	5e. \$ <u>0.00</u>	\$ <u>N/A</u>
5f. Domestic support obligations	5f. \$ <u>0.00</u>	\$ <u>N/A</u>
5g. Union dues	5g. \$ <u>0.00</u>	\$ <u>N/A</u>
5h. Other deductions. Specify: <u>457</u>	5h.+ \$ <u>43.33</u>	+ \$ <u>N/A</u>
<u>401k</u>	\$ <u>108.33</u>	\$ <u>N/A</u>
<u>401k loan</u>	\$ <u>112.25</u>	\$ <u>N/A</u>
<u>UAD&D</u>	\$ <u>0.91</u>	\$ <u>N/A</u>
<u>Emp Org MI ASsoc</u>	\$ <u>54.10</u>	\$ <u>N/A</u>
<u>LTD</u>	\$ <u>90.58</u>	\$ <u>N/A</u>
<u>Retirement DB 4% mandatory</u>	\$ <u>220.25</u>	\$ <u>N/A</u>
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <u>1,638.02</u>	\$ <u>N/A</u>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <u>4,053.98</u>	\$ <u>N/A</u>
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm	8a. \$ <u>0.00</u>	\$ <u>N/A</u>
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
8b. Interest and dividends	8b. \$ <u>0.00</u>	\$ <u>N/A</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c. \$ <u>0.00</u>	\$ <u>N/A</u>
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		
8d. Unemployment compensation	8d. \$ <u>0.00</u>	\$ <u>N/A</u>
8e. Social Security	8e. \$ <u>0.00</u>	\$ <u>N/A</u>
8f. Other government assistance that you regularly receive	8f. \$ <u>0.00</u>	\$ <u>N/A</u>
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		
Specify: _____		
8g. Pension or retirement income	8g. \$ <u>0.00</u>	\$ <u>N/A</u>
8h. Other monthly income. Specify: _____	8h.+ \$ <u>0.00</u>	+ \$ <u>N/A</u>
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <u>0.00</u>	\$ <u>N/A</u>
10. Calculate monthly income. Add line 7 + line 9.	10. \$ <u>4,053.98</u>	+ \$ <u>N/A</u> = \$ <u>4,053.98</u>
11. State all other regular contributions to the expenses that you list in Schedule J.		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____		
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.		
Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies		
	11. +\$ <u>0.00</u>	\$ <u>0.00</u>
	12. \$ <u>4,053.98</u>	
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		
Combined monthly income		

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>315.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>40.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>0.00</u>
6d. Other. Specify: <u>Cell phone Cable</u>	6d. \$ <u>100.00</u> \$ <u>40.00</u>
7. Food and housekeeping supplies	7. \$ <u>310.00</u>
8. Childcare and children's education costs	8. \$ <u>0.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>40.00</u>
10. Personal care products and services	10. \$ <u>60.00</u>
11. Medical and dental expenses	11. \$ <u>20.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>150.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>0.00</u>
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>309.41</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>450.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	\$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. Other: Specify: _____	21. +\$ <u>0.00</u>
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22. \$ <u>2,695.41</u>
23. Calculate your monthly net income.	
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ <u>4,053.98</u>
23b. Copy your monthly expenses from line 22 above.	23b. -\$ <u>2,695.41</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>1,358.57</u>
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes. Explain: _____	